

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: FORMULATIONS FOR THE PREVENTION AND  
TREATMENT OF INSULIN RESISTANCE AND  
TYPE 2 DIABETES MELLITUS

Attorney Docket Number:: 017380-001111US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Kenneth  
Middle Name:: T.  
Family Name:: Richardson  
Name Suffix::  
City of Residence:: Anchorage  
State or Province of Residence:: AK  
Country of Residence:: US  
Street of Mailing Address:: 6411 Switzerland Drive  
City of Mailing Address:: Anchorage  
State or Province of mailing address:: AK  
Country of mailing address::  
Postal or Zip Code of mailing address:: 99516

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Don  
Middle Name:: C.  
Family Name:: Pearson  
Name Suffix::  
City of Residence:: Lakewood  
State or Province of Residence:: WA  
Country of Residence:: US  
Street of Mailing Address:: 6708 Bridgeport Way West  
City of Mailing Address:: Lakewood

State or Province of mailing address:: WA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 98499-8115

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Division of	10/033,730	11/02/01
10/033,730	Non-Provisional of	60/245,471	11/03/00
10/033,730	Non-Provisional of	60/245,950	11/03/00
10/033,730	Non-Provisional of	60/256,033	12/13/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::
-----------	----------------------	---------------

**Assignee Information**

Assignee Name:: ChronoRX LLC  
Street of mailing address:: P.O. Box 11207  
City of mailing address:: Anchorage  
State or Province of mailing address:: AK  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 99511-2207